PTO/SB/22 (11-07)

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	ON FOR EXTENSION OF TIME UND FY 2008 (Fees pursuant to the Consolidated Appropriations Ac	Docket Numbe	Docket Number (Optional)		
(r ees parsaan to the consolidated Appropriations Act, 2003 (r.i.v. 4010).)			B130121	B130121	
Application Number 10/532,041			Filed Jun	Filed June 23, 2006	
For	Pharmaceutical composition combining tenatoprazole and an anti-inflamatory agent				
Art Unit 1614			Examiner Jan	Examiner James D. Anderson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		Fee	Small Entity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ <u>130</u>	
	Two month (37 CFR 1.17(a)(2))	\$490	\$245	\$	
	Three month (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
	Four month (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five month (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to					
Deposit Account Number 05-1323 . I have enclosed a duplicate copy of this sheet.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
l am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration number					
attorney or agent acting under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34. 45,774					
nen Hyd					
	Signature			10/27/2009 Date	
	Melissa M. Hayworth			202-624-2500	
Type or printed name			Telephone	Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of forms are submitted.					
This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by					

This collection of information is required by 37 CFR 1,135(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is gowened by 35 U.S.C. 122 and 37 CFR 1,114 and 1.14. This collection is selimitated to take 6 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burdent, studied is sent to the dividual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burdent, studied is sent to the dividual case. Any comments of the amount of time you require to complete this form and/or suggestions for reducing this burdent, studied is sent to the SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450. If you need assistance in commentation that form and 1-1800-PTO-1919 and selected portion 2.